

Supplemental Application Data Sheet

Application Information

Application number:: 08/444,791

Filing Date:: 05/19/95

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: 1644

CD-ROM or CD-R?:: None

Sequence submission?:: Yes

Computer Readable Form (CRF)?:: Yes

Title:: HUMAN TNF RECEPTOR

Attorney Docket Number:: 01017/40451C

Request for Early Publication?:: No

Request for Non-Publication?:: No

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

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Country of mailing address:: Switzerland

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Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Reiner

Family Name::

Gentz

City of Residence::

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Country of Residence::

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D-7888

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Yugoslavia

Status::

Full Capacity

Given Name::

Dembic

Family Name::

Zlatko

City of Residence::

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Country of Residence::

Switzerland

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Applicant Authority Type::

Inventor

Primary Citizenship Country::

Switzerland

Status::

Full Capacity

Given Name::

Werner

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

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Correspondence Information

Correspondence Customer Number:: 37500

Representative Information

Representative Customer Number::

37500

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	08/095,640	07/21/93
08/095,640	Continuation of	07/580,013	09/10/90

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
European Patent Office	99100703.0	08/31/90	Yes
European Patent Office	90116707.2	<u>08/31/90</u>	<u>Yes</u>
Switzerland	1347/90	04/20/90	Yes
Switzerland	746/90	03/08/90	Yes
Switzerland	3319/89	09/12/89	Yes

Assignee Information

Assignee name::

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State or Province of mailing address::

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